

Adult Preventive Annual Health Assessment Services North Carolina Medicaid Program

Introduction

Adult Medicaid enrollees who are 21 years of age or older may receive one preventive annual health assessment per year. The Preventive Annual health Assessment was formerly known as an Adult Health Screening.

Definition

A Preventive Annual Health Assessment provides preventive health care for adults through annual health assessments with the expectation that it will prevent serious illness through early detection and treatment.

Preventive Annual Health Assessments are delivered through local health department clinics, rural health centers, Federally Qualified Health Centers, Carolina ACCESS Primary Care Providers serving adults and other physicians in private practices. Physician assistants, nurse practitioners and nurse midwives (for adult women) are also permitted to perform the screening evaluations. Registered nurses employed by the health department who have successfully completed the Guilford Adult Health Physical Assessment Course may also provide this service.

Prior Approval

No prior approval is needed.

Specialized Guidelines

Preventive Annual Health Assessments are Evaluation and Management visits which provide an annual health assessments for eligible enrollees age 21 and above. The extent and focus of the services depend on the age of the individual. Justification for omitting a required component from a screening must be documented in the medical record. **The required components of an initial Adult Annual Health Assessment for a new patient are as follows:**

1. A comprehensive health history which includes present, past and family history. The history should be obtained on the initial visit, then updated as needed. The elements below are suggested for use as an initial baseline history.
 - a. Present history:
 - Health behaviors that are potential risk factors; alcohol, drug and tobacco use; highway safety (seatbelt and helmet use); sexual practices (contraception, sexually transmitted diseases); family violence; exercise and dietary habits.
 - Medication
 - Symptoms (review of symptoms)
 - b. Past history:
 - Immunizations: diphtheria, tetanus, polio, rubella, influenza, pneumococcal, and hepatitis vaccines
 - Significant illness
 - Blood transfusions
 - c. Family history
 - d. Environmental exposures: sun or radiation exposures, exposure to known carcinogens, noise.
2. A comprehensive unclothed physical examination must be performed and includes:
 - a. Measurements to be recorded each visit: height, weight, blood pressure, pulse
 - b. A complete physical inspection to include skin, oral cavity, EENT, heart, abdomen, breast (female), pelvic, rectal, testicular (male), and extremities
3. Gender and age appropriate laboratory/diagnostic procedures.

4. Counseling/anticipatory guidance/risk factor reduction interventions including:
 - a. Risk factors for cancer, hypertension, cardiovascular disease, trauma, communicable diseases, and addictive behaviors discussed and documented
 - b. Individualized health improvement plan established in consultation with patient
 - c. Abnormalities found in screening discussed with the patient and plans for further evaluation made
 - d. Self examination skills taught = breast, testes, skin

The required components of a periodic **preventive annual health assessment** also include a comprehensive history and examination, the ordering of gender and age appropriate laboratory/diagnostic procedures, and counseling/anticipatory guidance/risk factor reduction interventions but the screening is performed for an **established** patient.

Limitations

Adults 21 years of age or older may receive one preventive annual health assessment every 365 days. The following components may be billed as separate procedures when performed as part of the preventive annual health assessment.

Injectable medications and ancillary studies for laboratory and radiology are the only CPT codes that are separately billable when an annual health assessment is performed.

Special Billing Instructions

The Adult Preventive Annual Health Assessment must be billed on a HCFA-1500 claim form using a diagnosis code of V700 and one of the preventive codes contained in the table below. Medicaid enrollees receiving an Adult Preventive Medicine Annual Health Assessment are responsible for a \$3.00 copayment for the visit.

CODE	DESCRIPTION	AGE	GUIDELINES
99385	Initial preventive medicine	21 through 39 years	Health Screening
99386	Initial preventive medicine	40 through 64 years	Health Screening
99387	Initial preventive medicine	65 years and older	Health Screening
99395	Periodic preventive medicine, Established patient	21 through 39 years	Health Screening
99396	Periodic preventive medicine, Established patient	40 through 64 years	Health Screening
99397	Periodic preventive medicine, Established patient	65 years and older	Health Screening